

# **FY 2001 Amendment Application**



**Fiscal Year 2001**  
New Jersey Department of Education  
**Improving America's Schools Act (IASA)**  
**LEA CONSOLIDATED FORMULA SUBGRANT**

Submit this  
application to  
County Office of  
Education only

**Amendment Application**

<input type="checkbox"/> <b>Individual LEA Applicant</b>  <input type="checkbox"/> <b>Amendment to FY 2001</b> PROJECT CODE: IASA ____ - 01  <input type="checkbox"/> <b>Amendment to FY 2000 carry-over</b> PROJECT CODE: IASA ____ - 00	<input type="checkbox"/> <b>Consortium Applicant</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>Check</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Amended Title</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Award Amount</u></th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Title I</td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Title II</td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Title IV</td> <td>_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Title VI</td> <td>_____</td> </tr> </table>	<u>Check</u>	<u>Amended Title</u>	<u>Award Amount</u>	<input type="checkbox"/>	Title I	_____	<input type="checkbox"/>	Title II	_____	<input type="checkbox"/>	Title IV	_____	<input type="checkbox"/>	Title VI	_____
<u>Check</u>	<u>Amended Title</u>	<u>Award Amount</u>														
<input type="checkbox"/>	Title I	_____														
<input type="checkbox"/>	Title II	_____														
<input type="checkbox"/>	Title IV	_____														
<input type="checkbox"/>	Title VI	_____														
1. LEA:	2. County:															
3. Project Director:	3a. Tel. #:      3b. Fax #:      Email:															
4. Address:																
5. Describe the reason(s) that the funds will not be expended as approved. <i>(Attach additional sheets, as needed.)</i>																
<b>FOR USE BY CONSORTIUM APPLICANTS ONLY</b>																
6. <input type="checkbox"/> As the applicant agency for the consortium, I certify that all participating LEAs are in agreement with the changes set forth in this Amendment Application.																
7. Board Secretary (Signature):	Board Approval Date:															
8. Approved by Chief School Administrator (Signature):	Date:															
<b>FOR SEA USE ONLY</b>																
County Office	<input type="checkbox"/> Approved <input type="checkbox"/> Denied    Signature: _____    Date: _____															
OGMD	<input type="checkbox"/> Approved <input type="checkbox"/> Denied    Signature: _____    Date: _____															
<b>COPY DISTRIBUTION:</b> County Office      Chief School Administrator																



# Fiscal Year 2001

## New Jersey State Department of Education IASA LEA CONSOLIDATED FORMULA SUBGRANT APPLICATION Budget Statement - Amendment

LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PROJECT CODE: IASA- \_\_\_\_\_ -01

EXPENDITURE CATEGORY	FUNC.& OBJECT CODES	FUNDING SOURCES					TOTAL  (LEA USE OPTIONAL)
		TITLE I	TITLE II		TITLE IV	TITLE VI	
			FEDERAL	LEA MATCH			
INSTRUCTION							
Salaries of Teachers	100-101						
Other Salaries for Instruction	100-106						
Purchased Prof. & Tech. Services	100-300						
Other Pur. Serv. (400-500 series)	100-500						
Tuition	100-560						
General Supplies	100-610						
Textbooks	100-640						
Other Objects	100-800						
SUBTOTAL INSTRUCTION							
SUPPORT SERVICES							
Sal. of Supervisors of Instruction	200-102						
Sal. of Program Directors	200-103						
Sal. of Other Professional Staff	200-104						
Sal. of Secretarial & Clerical Assist.	200-105						
Other Salaries	200-110						
Personal Serv. -Employee Benefits	200-200						
Purchased Prof. - Ed. Services	200-320						
Other Purchased Prof. Services	200-330						
Purchased Technical Services	200-340						
Rentals	200-440						
Contracted Services - Transport.	200-516						
Travel	200-580						
Other Pur. Serv. (400-500 series)	200-590						
Supplies and Materials	200-600						
Indirect Costs	200-860						
Other Objects	200-890						
SUBTOTAL - SUPPORT SERVICES							
FAC ACQ & CONSTR SERV							
Buildings (Use charge)	400-720						
Instructional Equipment	400-731						
Noninstructional Equipment	400-732						
SUBTOTAL - FAC ACQ & CONSTR							
Schoolwide (Abbott)	520-930						
Schoolwide (Non-Abbott/3rd Cohort Abbott)	520-932						
TOTALS BY FUNDING SOURCE							

LEA-Business Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_

☐ Check (✓) if using Title VI funds for Title II match



## New Jersey Department of Education

Project Code \_ \_ \_ \_ -01

**GRAND TOTAL (final page only):**  
 (\*include the subtotal from the Administrative Costs  
 in the Grand Total)

*Use additional sheets, if needed.*

Date \_\_\_\_\_



# IASA LEA CONSOLIDATED FORMULA SUBGRANT APPLICATION

**LEA:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Project Code** \_ \_ \_ \_ -01

*Use additional sheets, if needed.*

LEA Business Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_